

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (<i>Sign each entry</i>)		
	<p>To Be Retained in the Permanent Health Record (page 1/2)</p> <p>This SF 600 is to document full disclosure of potential environmental exposures and possible health effects for all personnel and their families who are assigned to Naval Air Facility (NAF) Atsugi, Japan.</p> <p>Before you execute a Permanent Change of Station (PCS) transfer to NAF Atsugi your health care provider will review the current and past medical history of yourself and all your family members. Your health care provider will discuss the current environmental conditions at NAF Atsugi and possible related health effects. You will receive a Health and Environmental Fact Sheet with additional detailed information, including personal precautions that you may take to minimize exposure to air pollution. Your health care provider will discuss with you any medical conditions, current or past, that might worsen with exposure to environmental conditions at NAF Atsugi.</p> <p>A full Health Risk Assessment (HRA) is ongoing at NAF Atsugi. This study will evaluate the environmental conditions at NAF Atsugi and the pollutants discharged by a nearby incinerator to more fully define the health risk posed by the environmental conditions. The most current information about the status of the full HRA is available from the NAVENVIRHLTHCEN Environmental Programs Directorate via phone ((757) 462-5548 or DSN 253-5548) or the Environmental Programs Page of the NAVENVIRHLTHCEN Website at http://www-nehc.med.navy.mil.</p> <p>Your signature on this document indicates that you have been informed of the environmental conditions and possible health effects of living at NAF Atsugi. You have received the Health and Environmental Fact Sheet and have been advised of the medical findings from today's health consultation. Before you sign this document, ask any questions you may have.</p> <p>Acknowledgment of Environmental Counseling and Health Consultation</p> <p><u>Patient Statement:</u></p> <p>Patient Statement must be completed by all individuals who are 18 years of age and older.</p> <p>I have received information regarding the environmental conditions at NAF Atsugi and possible effects of living at NAF Atsugi. I have read and understand the Health and Environmental Fact Sheet which recommends personal precautions that individuals may take to minimize exposure to air pollution. I understand the medical findings and recommendations of today's health consultation. I have had an opportunity to ask questions and know where to obtain additional information.</p> <p>Patient signature _____ Date _____</p>		
(over)			
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entities, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (Rev. 06-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202.1

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>								
	To Be Retained in the Permanent Health Record (page 2/2)								
	<u>Health Care Provider Acknowledgment of Completion of Environmental Counseling and Health Consultation for Individuals Executing a Permanent Change of Station Transfer to NAF Atsugi</u>								
	<u>Health care providers must complete the following:</u>								
	1. This SF 600 was completed before PCS transfer to NAF Atsugi as a component of the medical overseas screening. <input type="checkbox"/> Yes <input type="checkbox"/> No								
	2. I have provided and reviewed with the individual the Health and Environmental Fact Sheet # _____ dated _____.								
	<u>Health Care Provider Statement</u>								
	Following the requirements for individuals undergoing Permanent Change of Station (PCS) transfer to Naval Air Facility Atsugi, Japan, I have discussed with the individual the current environmental conditions at NAF Atsugi and possible health effects of living in that area of Japan. I have completed a health consultation including a medical record review, completion or review of a current SF 93 (SF 93 must have been completed within 12 months of PCS transfer to NAF Atsugi), and identification of existing medical conditions that may be worsened by the current environmental conditions at NAF Atsugi. I have discussed these findings with my patient and make the following notation: (Circle appropriate response.)								
	1. The patient has no current medical condition potentially exacerbated by the environmental conditions at NAF Atsugi.								
	OR								
	2. The patient has the following medical conditions potentially exacerbated by the environmental conditions at NAF Atsugi: (List medical conditions)								
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><u>Potentially Exacerbate</u></td> <td style="width: 50%; text-align: center;"><u>Potentially Disqualify</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<u>Potentially Exacerbate</u>	<u>Potentially Disqualify</u>	_____	_____	_____	_____	_____	_____
<u>Potentially Exacerbate</u>	<u>Potentially Disqualify</u>								
_____	_____								
_____	_____								
_____	_____								
	3. Based upon these findings, I have determined that this individual (is / is not) suitable for overseas assignment to NAF Atsugi and have completed any necessary administrative paperwork. <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Health care provider signature _____ Date _____								